

# INTERVENTIONS FOR A PERSON WITH BRAIN CHANGES IN THE FRONTAL LOBE

## Suggestions for Helping a Person by Addressing Their Cognitive Changes

Shelly Weaverdyck

---

**This is an adaptation of the handout Caring Sheet #19 from the Michigan Dementia Care Series. More information is at the end of this Handout.**

The Michigan Dementia Care Series can be found on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

**This handout** lists interventions (support strategies) to try when **communicating** with a person who has changes in their cognitive abilities (including their **cognitive strengths** and cognitive **needs**) as a result of changes in the **frontal lobe** of their brain.

More suggestions, specifics, and an elaboration of the content in this handout are in the *Cognitive Abilities and Intervention Strategies (CAIS) Cognitive Intervention Strategies* in the *Executive Functions* section and in the *CAIS Communication Intervention Strategies* by S Weaverdyck. The *CAIS Intervention Strategies* provide **detailed intervention** strategies that address specific cognitive abilities, the environment, tasks and daily routines, and your communication with this person. These interventions can be **individualized** to a particular person and situation.

The frontal lobe and cognitive abilities, and communication tips, are discussed in more detail in other CAIS Handouts and in the CAIS Educational Series and accompanying background resources. For example, see **CAIS Handouts #32** about **making decisions**, **#6**, **#7** and **#8** about the **frontal lobe** and **cognitive abilities**, and **#21** and **#38** about **Frontotemporal Dementia**. **Session 4** of the CAIS Educational Series and **Chapter 4** of the background resources address **communication** interventions.

All of these above are available on the above website at <https://www.improvingmipractices.org>

## FRONTAL LOBE CHANGES

The frontal lobe is located at the front of the brain behind the forehead. There are left and right sides of the frontal lobe, and various areas (for example, the prefrontal cortex) within it that are associated with specific cognitive functions.

A person with changes to their frontal lobe usually experiences changes cognitively, emotionally, and behaviorally. A few of the **many changes** are briefly identified here. These will vary with each person.

The changes we see are **complex**. The examples of cognitive changes identified here may reflect interaction among various cognitive abilities. For example, there could be a variety of reasons a person asks a question over and over even after it's been answered. These reasons might include: not remembering they had asked it, thinking more time had elapsed since they had last asked it, being stuck in

the question and not being able to let go of it, not hearing the response, not understanding the response, intending to ask a different question and either not realizing they were asking the wrong question (and that's why the answer they got didn't give them the information they needed), or realizing it but not knowing how to ask the question differently. Changes in one cognitive ability can make other cognitive abilities become difficult for this person.

The specific cognitive, emotional, or behavioral changes a particular person experiences, or the extent to which they experience them will depend on various factors, including **which area** of the frontal lobe is affected, and **how much change in each area** of their frontal lobe **has occurred**. This will affect the extent to which each of the **suggested interventions** is needed or would be effective. Each person needs to be considered **individually** regarding the interventions. You can select those interventions that make sense regarding a particular person and your situation.

## COGNITIVE

A person with brain changes in their frontal lobe may at times have difficulty:

1. **Filtering** irrelevant **stimuli** from their environment, from other people, or from within their body. They may respond to any stimulus, particularly the **most powerful** stimulus at any given moment, and so be easily **distracted**. They may be highly sensitive to light and/or sound, even at low levels. They may have difficulty **prioritizing** or knowing what specifically to focus on and when, or which pieces of information or which parts of a situation or task are important and which less relevant. For example, they may focus on their arm itching or your shirt, rather than on what you are saying to them.
2. **Sustaining focus** or **concentration** on a conversation, object, task, or a thought for very long or through to completion. Their mind may wander, or they may simply stop or start focusing on something else. For example, they may focus on the first few words of your sentence or on the first few sentences of your explanation, but not on the rest of it. When someone brings their attention back to the task or thought, they may continue on with the task or thought for a while. They may become more easily fatigued, irritable, or distracted when they are required to stay focused for too long. On the occasions when this person says or does something that is distressing, ignoring the comment or behavior might help stop it as this person's focus on the thought or action dissipates.
3. **Switching focus** from one thought, action, or task to **another**. It may take them **more time** to shift when you introduce a different idea or task. Or they may get **stuck** on one idea or task and find it hard to stop thinking or talking about the idea, or to stop doing the task even after the task is done. Or they may get stuck in a rut of **repetitive** movements. For example, they may keep making the motion of dipping their spoon into a bowl and bringing it to their lips, long after the food is gone, or repetitively button and unbutton their shirt, or ask a question over and over even after you've answered it. Or when silently reminiscing about an event or someone from their past, it may be difficult for them to quickly **"shift gears"** and focus on or recognize someone who is walking by saying "hi" or who is asking them to take some medication. They may get confused when a topic shifts to another topic during a conversation. Or they may be focused on eating their applesauce during a meal, and appear to **"stubbornly refuse"** to stop when someone suggests they eat some bread instead.
4. **Controlling their response to a stimulus**, including preventing, slowing, or managing their response to an external or internal stimulus. The stimulus could be a picture on the wall or their own thoughts, desires, or feelings. They may respond to an internal stimulus, such as a thought, hunger, or emotion without apparent awareness or review. They may have difficulty reducing the power of the stimulus by examining it and evaluating it. They may not  **censor**, **delay**, or **pace** their responses. They may say or act on whatever comes to their mind. This can result in **impulsive** behavior, such as telling someone "Your shoes are ugly", striking out in anger, or eating too much ice cream and cake.
5. **Getting started** on a task, sentence, or a response to you (initiation). It may take **more time** for this person to respond to you or to begin an action. This can look like apathy, inertia, or lethargy. It is easy to assume this person is uninterested, lazy, or stubborn. For example, they may lie on the couch for

much of the time, or sit in front of their food without eating. Sometimes, giving them time, repeating the request or invitation, or a simple nonverbal prompt such as moving their hand with the spoon from the bowl to their mouth can get them started.

6. **Understanding time**, how much time has **passed**, or the concept of **past, present, and future**. So, when they repeat a question, they may think they had first asked that question an hour ago, rather than three minutes ago. Or they may stop a task before it is done, because they think they have been doing the task long enough. Or they may think they are a different age than they are.
7. **Understanding a task** including what the **task** is, what the task **steps** are and the **order** of task steps (sequencing), the task **goal** or outcome, which task step comes first, and **when** the task is **done**. This includes knowing the order of pieces of information or objects, such as the order to put your clothes on when getting dressed (socks before shoes), the steps to preparing a meal, or the points to consider when making a decision or problem solving.
8. **Doing more than one thing at a time**. As long as you don't need to pay attention to more than one thing at a time, the frontal lobe helps you do multiple tasks at once. This person therefore, may have difficulty, for example, thinking about the next task step when they are doing the current task step. Or they may get confused when you move into their visual field and start talking at the same time. (They may have difficulty processing the visual movement and the auditory information, as well as recognizing you all at the same time.) Or if you ask them to stop spitting on the floor, they may have difficulty changing their behavior and feeling embarrassed at the same time. (They may have difficulty feeling an emotion, thinking, and telling themselves to act differently all at the same time.)
9. **Understanding themselves**. They may have less **insight** into their own thoughts, feelings, needs, desires, behavior, or a situation. They may not know the depth of their own emotions or even that they feel sad, angry, or upset, so they may be less able to talk about their feelings or desires. They may have difficulty recognizing or **knowing what they know**. For example, they may not consciously know (and therefore be unable to tell you) which chair they sit in for lunch, but they consistently go to that chair for meals, and may get upset if someone else sits in it. Again, they may not know that they are upset or why. They may have difficulty **monitoring** or **observing themselves**, including seeing and **evaluating** their **own behavior** and appearance and comparing them to expectations. This is one reason they may have difficulty **recognizing** or **correcting** their own **mistakes** or **behavior**. It may be difficult to convince them they are incorrect about something.
10. **Interpreting** or **explaining to themselves** events or a situation, or what they see or hear. They may have difficulty **soothing** themselves. Even when they understand themselves or a situation, they may have difficulty giving themselves **messages** to change the way they feel. For example, they may not be able to reassure themselves when they feel anxious or worried.
11. **Planning** and **organizing**. Organizing objects or to do lists or **planning** a task or event may be difficult. Conceptualizing a goal, the overall plan, the steps to follow and the next step to take may feel overwhelming. For example, they may not know how to prepare a meal, or to organize and sort through many objects they have collected. They may have difficulty organizing a room and finding a place for all the items in the room and then maintaining the organization. This may result in clutter. The task of taking a bath or shower may feel too overwhelming. A stray cat may tug at their heart strings, but their ability to conceptualize the responsibilities of living with the cat and a plan to coordinate its care may be compromised.
12. **Making decisions**. They may need help understanding when a decision needs to be made, what the decision is, or what the options are. They may need help holding the various options in their mind, sorting through them, and choosing from among them. This applies to large and small decisions, for example, what to have for breakfast or which objects to keep and which to throw away. (Note **CAIS Handout #32** about **making decisions**.)
13. **Problem solving** and using judgment. They may have a reduced pool of options in mind to explain or to improve a situation. They may think of one cause of a problem and not easily consider other

possible causes. For example, they may think if their glasses are gone, then the only explanation is that you stole them, or if the water tastes odd, then the only explanation is that you are trying to poison them. It may be difficult to convince them otherwise. They may also have difficulty **analyzing** and **thinking logically**. They may not be able to figure out details of a situation or to understand and make use of your explanation, even though they may seem as though they do when they talk about it. They might not be able to **discern causes** or trigger of thoughts, feelings, and behavior, and then consider a pool of options for solutions. For example, they may not be able to discern why they want to go outside or why they feel angry. They may not know they are bored, or be able to think of ideas for conversation and activities to relieve boredom.

14. **Adapting** to something **new** or confusing **changes** in their environment, situation, plans, or experience, or to changes in someone else's reactions, emotions, or behavior. They may have difficulty **understanding** or soothing their anxiety regarding the change. They may feel surprised and be less able to do a task in unfamiliar surroundings or with unfamiliar task objects. For example, they may have difficulty adapting to a new bathroom faucet or to brushing their teeth with pump toothpaste instead of tube toothpaste, or changing morning routines and mealtimes from past habits. They may be most relaxed and able to communicate or perform tasks most successfully when the timing and way of doing a task and the people with them are **consistent**, and conditions are as they were throughout this person's **past**. They will likely become more dependent on consistency and predictability, including a **consistent** and **obvious** structure to their day and to the space around them.
15. **Conceptualizing** or **imagining** something they can't experience with their senses (**abstraction**). For example, they may not easily understand there is water in a cup when they can't see the water. Or they may not have an image in mind of what they would like to look like when they see themselves in a mirror. Or they may need to see the options for lunch before making a decision. Generating alternative or new ideas may be difficult for them. They also may not recognize context in a situation. They may not know an appropriate action to take when the context is not obvious. Or they may have difficulty figuring out the context from specific cues. For example, they may not recognize the social or public context of a particular situation and therefore may assume it is ok to take off their clothes when they are hot. Or they may feel anxious because they think they are among strangers even though they recognize individual family members present.
16. **Empathizing** with others, imagining how others might feel if this person acted in a certain way. They may lack tact in social situations. It may be challenging to **understand** or imagine the **effects** of their behavior or mistakes, and to recognize the relative importance of each consequence. For example, understanding how hurt someone might feel by something they said, or how someone might act as a result of feeling hurt. They may have difficulty **understanding someone else's perspective**. For example, they may not recognize that when you are sitting across from them you will see an object such as a book or a bottle with an image on it, differently or at an angle that is different from this person's perspective. This makes it difficult to imagine or have insight into someone else's intentions in a way that could help explain behavior and prevent this person from misinterpreting or getting angry. On the other hand, this person may unconsciously mirror the emotions of others and the environment.

## EMOTIONAL

A person with brain changes in their frontal lobe may at times:

17. Feel **overwhelmed** by a task, request, conversation, stimulation from their environment, not knowing what to do, or not knowing what to do next.
18. Have difficulty **expressing** their **anger** or **other emotions** in a way that **matches** the actual **intensity** with which they feel the emotion. For example, they may sometimes appear more angry than they feel. A little irritation may sometimes produce profuse swearing, so that they sound very angry.
19. Look more angry than they feel since their speech may be slightly monotonic and their face rigid and appearing unmovable. They may appear to be stubborn and formidable when they really aren't.

20. Feel an **emotion** in a situation or about an object or person, that is **carried over** or generalized from a situation, object or person they just encountered. They may have more difficulty recognizing their own emotion and knowing that it is linked to a specific situation, object, or person, and therefore reduce their emotion when a new situation, object, or person appears. For example, when they are angry with a person, they are more likely to feel angry with the next person they encounter. They may also absorb and feel the same emotions they see **in others** or in the emotional tenor of a situation or **environment**.
21. Feel **genuine fear, anxiety, irritability**, frustration, or **anger** about their confusion and lack of control. If they have difficulty managing their emotions and actions, they may **direct** their frustration and anger toward other **people**. This can sometimes be alleviated when this person is more frequently in situations where they do feel they have some control.
22. **Withdraw** and appear apathetic or uninterested in events, people, and objects around them.
23. Have **facial expressions** and **body movements** that are more rigid and seem devoid of emotion. Their body movements and expressions may lack the **nuance** that in the past made their movements unique to this person or helped convey subtle meaning. Their expression and movement may have less fluidity, with less variation in the speed, cadence, and length of movement (length of foot stride or reach of arm, for example). So, a pat on your shoulder from this person may feel to you like a hit.
24. Experience an increase in **anxiety** in response to a concern or situation, or in general. They may rely on **coping strategies** they used in the past when they were anxious or worried. For example, they may now pace if they used to walk around the block, move objects around if they used to clean closets or increase their time at work, shout at others around them if that is what they used to do, or resist getting out of bed if they used to curl up in their bed and withdraw.

## BEHAVIORAL

A person with brain changes in their frontal lobe may at times:

25. **Resist** or refuse to do a task because they feel overwhelmed by it and can't think how to do it.
26. **Accuse someone** of saying, thinking, or doing something that is harming them. For example, they may say you stole their sweater, are lying, or are trying to poison them.
27. Seek out other people or collect things because they **don't want to be alone** or they want to be busy and feel surrounded by people or things that comfort them. They may be panicking inside.
28. Be **impulsive** in what they do and say. They may have difficulty **censoring** themselves. They may not think twice before speaking, or may say or do whatever comes to mind. They may not be able to prevent themselves from grabbing someone's arm. Their behavior may seem **unpredictable**.
29. Respond immediately to a situation without thinking it through. For example, they may agree to sell possessions or buy something in response to a scam.
30. Be **obsessed** with, for example, certain foods, movements, thoughts, actions, or tasks. For example, they may crave sweets or salty foods, or they may insist on wearing the same clothes day after day (though there may be other reasons, such as these clothes may be the only clothes that feel comfortable to them because they are hypersensitive to touch.)

## COMMUNICATION INTERVENTION SUGGESTIONS

These are a few of **many intervention options**. See the resources identified in the beginning and end of this handout for tips regarding the environment, task, and others, including more communication tips.

## FOCUS ATTENTION

31. **Get** this person's **attention** before speaking or communicating nonverbally. For example, get and maintain eye contact if this person is comfortable with eye contact. If eye contact is comfortable, draw their eyes to your face as you say their name (for example by putting your face in front of their face at eye level, or by bringing your finger from in front of their eyes to the top of your nose).

32. **Keep** this person's **attention**. Make the object or you the most powerful stimulus in their environment at this moment. Remove distractions. Make the object or yourself stand out from the area surrounding you or the object. (For example, make the object lighter or darker than the surface around it, or avoid standing in front of an open door or cluttered space when you are talking to them.) Use touch if they are comfortable with touch, for example, gently squeeze their hand or arm if their attention wanders. Maintain eye contact if they are comfortable with eye contact.
33. Be **close** to this person when speaking (for example, right in front of them). How close you are will depend upon this person's comfort level. Avoid calling or talking to them from across the room.
34. Have only **one person interact** with this person at a time.
35. **Reduce** the **number** of people and objects in this person's environment. For example, reduce the number of food utensils and food items at a meal, so they have fewer objects to deal with.
36. **Reduce** the **sounds** in the environment that are not relevant to this person, particularly sounds that are unfamiliar or unrecognizable, or that might elicit a response, such as alarms, phones ringing, a radio or television show for someone else, door bells, fans. Keep this person's environment calm and quiet.
37. Present only **one idea or action at a time**. Avoid expecting this person to **do more than one thing at a time**, for example noticing you as you enter their visual field and at the same moment listening to you speak (enter their visual field first, then speak once they've focused on you); or expecting them to feel and think at the same time, such as hearing your instructions and changing their behavior when they are feeling embarrassed or angry (address their emotions first, then make your comments once they are calmer and focused on you). Even if they are able to do more than one thing at a time, they will feel less tired and will save energy if you try to make the task or communication easier for them.
38. Present or remind this person of each **step** of a **task** one step at a time, so the whole task doesn't feel so overwhelming.
39. If thinking about a task or each task step when they perform it is too difficult for this person, try to mildly distract this person so they do the **task automatically** without thinking. For example, sing, or talk casually and briefly about the weather when this person is getting dressed, tying their shoe, or swallowing medication. Distract only enough to be helpful to this person at this moment.

## USE WORDS AND CONTENT CAREFULLY

40. Use people, objects, settings, and words that are **familiar** to this person. Use words they consistently use.
41. Use **fewer** words and **short phrases** or words. Two to three words are better than long sentences, especially when this person is anxious or panicking inside. (Panic may not be obvious in behavior or expression. For example, this person might go very still or withdraw when fearful. Or they may act angry when they are really frightened.) Avoid long explanations or instructions. They may not be able to easily process more than a couple of words at a time, even if they are using many words themselves.
42. Put the most **important words** and concepts near the **beginning** of your sentence or request.
43. **Avoid saying "no"** to their requests (or "you can't" or words like "never", "don't" or "can't"). A "no" or negative response would require them to shift out of the idea they have at that time, which might be difficult for them to do. Instead for example, try offering a different idea, or letting their request fade away by repeating their request once back to them (so they know you heard it and take it seriously), talking more about it, or by suggesting you and they do something else first. For example, you might say, "Oh, that might be fun. Let's talk more about that after lunch."
44. Respond truthfully and **accurately** as much as possible to this person's questions and concerns. Avoid deception in the information you give, in cues, or in the environment. Help this person feel they can trust you to be accurate as their own thoughts and perceptions change. **Give only** as much **information** as **this person asks for** or that they need in order to feel comfortable and not distressed. For example, if this person is looking for their spouse who has been dead for twenty years, in your own mind identify

this person's feelings and the reason they are looking for their spouse at this moment. Then respond to this person's feelings and the reason. Part of your response might be inviting this person to talk about their spouse.

45. Try to learn as much as possible about this **person's past**: their interests, hobbies, goals in life, and personality. Use this information to support this person, and when conversing with or distracting them.

## USE NONVERBAL COMMUNICATION

46. Use **nonverbal** methods of communicating. **Listen** and **watch** this person's body language to notice their reactions to what you say and do and to try to understand what they are communicating. Look for evidence of confusion or distress. Use your **body language** to convey messages to this person. For example, gesture, demonstrate, model, point to objects, touch or hold their hand or arm if they are comfortable with touch, and position your body so they can see, hear, and understand you more easily. Use **rhythm, singing, and music** to set an emotional tone, to distract, or to help this person think, speak, walk, and move more easily. Note and adjust to this person's reaction to light and sound levels.

## HELP THIS PERSON FEEL MORE COMFORTABLE

47. The more comfortable a person is, the more easily they can think and control their own thoughts, words, and actions. Address mistakes, confusion, distress, pain, and distressing behavior by helping a person feel more comfortable **cognitively, emotionally, and physically**. **Avoid fatigue** by addressing this person's cognitive, emotional, and physical needs.
48. Create a positive emotional tone in the environment and in your interactions with this person. Sound and appear cheerful, friendly, nonthreatening, soothing, objective, and supportive. Show that you care.
49. Help this person feel **calm and relaxed** so their brain can function more easily. Avoid putting them on the spot or embarrassing them. Discreetly **fix their mistakes** without calling attention to them.
50. Because they have difficulty screening stimuli from their environment, they may often seek the quiet of their bedroom or the outdoors. They may not stay there long, however, if they also feel uncomfortable being **alone** or feel anxious when they do not see people who can help them when needed. Calm and quiet areas **within sight of you** or other people can be more comfortable.
51. Help this person be engaged with **interesting tasks**. Sometimes hoarding, pacing, or repetitive questioning may be an attempt to do something when they don't know what else to do with their time, or with their anxiety and frustration.
52. Use **humor** to lighten the mood, have fun, help this person relax, and to foster a relationship with this person. Use humor that is concrete, silly, and obvious. Avoid riddles, put down jokes, or words with double meanings. Use humor to engage this person in a distraction, task, or conversation. Use humor that relates to the immediate situation. Use humor that is emotionally supportive to this person. (See *CAIS Communication Intervention Strategies IV Approach* under *Question G.*)
53. Avoid talking about this person in front of them or laughing at mistakes they make. **Take this person seriously**.
54. **Avoid** words, body movement, or facial expressions that could be **misinterpreted**. For example, avoid frowning when you are concerned. Instead, raise your eyebrows so they don't assume you are angry or worried. Speak at a volume comfortable for this person at this moment. Appear calm and relaxed.
55. **Reassure** this person. Let this person know **you understand** they are upset and that they are safe with you. You will together try to fix or address what concerns them.
56. Help this person feel it's **you and this person together** against the problem, not you against this person. For example, if they accuse you of stealing their sweater, avoid defending yourself or using logic. Acknowledge their concern about wanting their sweater and not being able to find it. Say that you can help them look for it. Or if they have left the building and they need to go back in, try walking

with them first in the direction they were going. Soon they may start moving to your speed and direction as you gradually, perhaps subtly, guide them back into the building.

57. **Avoid correcting** or saying “that’s not nice”. It might make this person more upset and embarrassed.
58. Avoid drawing attention to this person’s distressing behavior. They may not be able to monitor their own behavior and feel their feelings at the same time.
59. Avoid focusing on or trying to quickly change their emotion or behavior (unless the behavior is unsafe). The emotion or behavior may subside soon if you let it run its course. See suggestion #62.
60. Be kind, **respectful**, and gracious, especially when giving a **clear short request**. Requests or instructions should be clear, but not terse or demanding. Avoid sounding bossy or like a parent; avoid stating a request as though it were a command. Avoid emotional intensity or content in your request. The goal is to sound and appear cheerful, soothing, objective, friendly, nonthreatening, and supportive.
61. Be **patient** and **gentle**, even when firm. **Avoid scolding** or shaming this person. Sometimes scolding might seem to work because when we scold we tend to also be very clear and to use few and short words or phrases. But it is usually the brevity and clarity that is most effective, not the scolding.
62. **Act quickly** and **calmly** when necessary to **avoid someone** or something **getting hurt**. If it is safe to do so, place yourself between this person and the object or someone who might get hurt (if, for example, they are going to hit something or someone) and have someone else **remove anyone** or any **object that is unsafe**. Avoid touching this person as though you are attempting to restrain them. Avoid using words (or many words) until they have calmed down. Try to appear **calm, reassuring**, and **soothing**, without being condescending.
63. **Explain** the situation to this person. Interpret what others might be saying to them or how they might be feeling.
64. Try to identify ways in which **your own behavior** might **unintentionally** cause distress to this person, including your **words, emotional tone, movements, and actions**. For example, you might sometimes talk or move too quickly, or change the topic of conversation too quickly for this person and their abilities at this particular moment. Or you might talk when there is background noise, such as a fan.

## **MAKE IT EASIER COGNITIVELY**

65. **Provide cues** (information about, for example, where things are, ideas of what to do, the schedule, the order of task steps, the time or how much time has passed, expectations, and the current situation) that are understandable to this person and as often as necessary, in the environment and in your interactions with them. **Tell this person what you are doing** and plan to do next. Give accurate information. Avoid giving confusing, mixed, or unintended cues. For example, avoid talking about what task they will do next when they or you are in the middle of doing another task.
66. Be as **concrete** as you can with information and requests. Avoid abstract concepts this person doesn’t understand. For example, say “Let’s put your shirt and pants on”, instead of saying “Let’s get dressed” or “Let’s make you presentable”. Point to the object as you mention it.
67. Avoid **asking questions** that are open ended or require facts as a response. Ask for opinions. Ask questions that require a “yes” or “no” response.
68. **Avoid talking** or **moving quickly**. **Slow down** your interactions, the task, and the environment.
69. **Give** them **time** to process what you said and to respond. Pause. Give time for them to start an action, response, or task. Introduce a shift from one thought or task to another carefully and slowly.
70. **Structure this person’s time** and **establish consistent routines**, so this person can use events to mark time if they may have difficulty understanding time. Schedule the same events in the same order at the same time and duration. For example, if they always go for a walk after lunch, then they will expect to do that. They will be able to (consciously or unconsciously) know what comes next. Create **predictability** with events.



71. Try to create **consistency, predictability, and simplicity** in tasks, your **interactions**, and their **environment**. Keep the daily routines and tasks as consistent as possible including time, duration, and order of task steps. Try to have the same people interact with this person every day. Keep the number of people interacting with them as small as possible. Use the same words, inflections, and timing in your communication with this person. Do a task in the same place every time. For example, get dressed on one side of the bedroom and get undressed on another side of the bedroom to help this person remember the goal of the task and the task steps. Avoid changes in the environment. For example, avoid rearranging furniture or rearranging the position of food items at meals.
72. Help this person **make decisions** by informing them about the decision to be made and simplifying the options and presentation of the options. See **CAIS Handout “#32 Making Decisions”**.
73. **Individualize** all your responses and interventions or support strategies by recognizing the unique needs and desires of this particular person. **This person will respond uniquely to their frontal lobe changes**. They may also change over time and moment to moment.
74. Learn all you can about this person’s specific cognitive changes including their **cognitive strengths and needs** (for example, by using the CAIS Questions to Ask noted at the beginning of this handout). Rely on their cognitive strengths and support or compensate for their cognitive needs. Learn about their ways of coping with change and trauma in the past. Look for similarities between their past and current **coping strategies** and cognitive abilities. Try to build on their past coping strategies in their current situation and support their current cognitive abilities.
75. **Adapt** your intervention (support) strategies as this person or circumstances change.
76. Identify and remind yourself regularly of what you **like** and **admire** about this person.

## For more information

1. The Michigan website called Improving MI Practices at <https://www.improvingmipractices.org> has updates and many additional handouts and resources, including **all of these CAIS Handouts** (43 total), the Cognitive Abilities and Intervention Strategies (CAIS) **Questions to Ask** and the **CAIS Intervention Strategies, CAIS** information and background **resources**, including **Session 4** of the **CAIS Educational Series** and **Chapter 4** about **communication**, and the **Caring Sheets: Thoughts and Suggestions for Caring** that are a part of the Michigan Dementia Care Series.
2. Mace, N., Coons, D., Weaverdyck, SE. (2005) Teaching Dementia Care: Skill and Understanding. Baltimore, Md.: Johns Hopkins University Press.

## Original Sources

3. Weaverdyck, S.E. (1991) “Assessment as a Basis for Intervention” and “Intervention to Address Dementia as a Cognitive Disorder”. Chapters 12 & 13 in D. Coons (Ed.) Specialized Dementia Care Units. Baltimore, Md.: Johns Hopkins University Press.
4. Weaverdyck, S.E. (1990) “Neuropsychological Assessment as a Basis for Intervention in Dementia”. Chapter 3 in N. Mace (Ed.) Dementia Care: Patient, Family, and Community. Baltimore, Md.: Johns Hopkins University Press.

## Dementia Care Series

The Michigan Dementia Care Series was edited and produced by Eastern Michigan University (EMU) Alzheimer’s Education and Research Program for the Michigan Department of Health and Human Services (MDHHS), with gratitude to the Huron Woods Residential Dementia Unit at St. Joseph Mercy Hospital, Ann Arbor, Michigan.

All Caring Sheets are available online at the following websites: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_38495\\_38498---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html) (Michigan Department of Health and Human Services MDHHS), at <http://www.lcc.edu/mhap> (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at <https://www.improvingmipractices.org> (Michigan Improving MI Practices website)

The Caring Sheets in the Michigan Dementia Care Series were originally produced as part of the in-kind funding for the Michigan Alzheimer’s Demonstration Project. Funded by the Public Health Service, Health Resources and Services Administration (1992-1998) and the Administration on Aging (1998-2001) 55% federal funding and 45% in-kind match. Federal Community Mental Health Block Grant funding supported revisions to the Caring Sheets (2002-2018).